U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only			
READ THE INSTRUCTIONS CAREFU	LLY BEFORE PREPARING THIS REPORT.		
E S Recd			
1. File Number 1/2/62	2. Fiscal Year Covered From:		
Alexandra V	June 1 1 -		
THE STATE OF THE S	1 / 1 / 04 Through: 12 / 31 / 04		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Jupith J Zenk	Name Office & Professional Empls Union, Local 23		
	Labor Organization File Number 23-63		
P.O. Box. Bidg., Room No., if any	P.O. Box, Building and Room Number, if any		
P.O. Box, Bidg., Room No., if any P.O. Box 413	P.O. Box, building and Room Number, It any		
Street	Street 3049 South 36th		
city Grape view	City Tacoma		
State WA ZIP Code + 4 98546	State WA ZIP Code + 4 9847 9		
5. Position in labor organization.	The state of the s		
Enter appropriate data below if, during the past fiscal year, you or your sp	ouse or minor child directly or indirectly had any of the following interests lusions set forth in the instructions):		
	*		
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	r derived income or other economic benefit of tion represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
The section of the se			
Name			
Trade Name, if any:			
The PATE AND ARMS AND			
P.O. Box, Bldg., Room No., if any			
Francische State (in the Control of	7.b. Amount,		
Street			
The state of the s	growth the 1991 of		
City	•		
State ZIP Code + 4	The state of the s		
Sig	gnature		
15. Signature and verification. The undersigned declares, under penalty of	of Perjury and other applicable penalties of the law, that all of the information		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	of Perjury and other applicable penalties of the law, that all of the information notice of the law and is to the best of the		
15. Signature and verification. The undersigned declares, under penalty of	of Perjury and other applicable penalties of the law, that all of the information notice documents), has been examined by the signatory and is, to the best of the		
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	of Perjury and other applicable penalties of the law, that all of the information notice of the law and is to the best of the		

lame of Person Filing		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	9. Business deals with: a. Labor Organization b. Trust c. Employer			
City State ZIP Code + 4				
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.			
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Marana Benefits Administration	Trust Meeting (attaches)	s - \$	2,637.11	
P.O. Box, Bldg., Room No., if any Street 2850 Collier Canyon Road City Liver more	International Foundation (attached) Dinners attached meeting paid	rust	2,238.13	
State Co. ZIP Code + 4 94551	administrato Cattache	RJ	625.00	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment,	ļ	\$5,500.24	